DP

UNITED
NATIONS

Governing Council
of the
United Nations
Development Programme

Distr.
GENERAL

DP/1993/29(Part II)
19 March 1993

ORIGINAL: ENGLISH

Fortieth session
1 - 18 June 1993, New York
Item 5 of the provisional agenda
UNFPA

UNITED NATIONS POPULATION FUND

REPORT OF THE EXECUTIVE DIRECTOR FOR 1992

Page

REVIEW OF THE PROGRAMME BY GEOGRAPHIC REGION

A. Africa (sub-Saharan) 2

B. Arab States and Europe 6

1. Arab States 6
2. European region and the CIS/Baltic States 9

C. Asia and the Pacific 10

D. Latin America and the Caribbean 15

E. Interregional programmes and projects 19

1. Agency-executed projects and programmes 20
2. NGO-executed projects 22
3. Other major projects 24

(continued in DP/1993/29(Part III))

/...

93-16757 (E)

REVIEW OF THE PROGRAMME BY GEOGRAPHIC REGION

A. Africa (sub-Saharan)

1. The declaration of the Third African Population Conference on "Population, Family and Sustainable Development", a ministerial-level meeting held in Dakar, Senegal, in December 1992, embodied the spirit and reality of population activities in Africa. On the one hand, it proclaimed the solidarity of African countries to deal with population problems and to formulate and implement comprehensive population policies. It further revealed a near-universal recognition that rapid population growth and accelerated urbanization hamper social and economic development. On the other hand, it noted the relative ineffectiveness of past efforts to reduce fertility and mortality and appealed to donors to respond positively and increasingly to requests for population assistance and activities. It also recognized the need for Governments to accord high financial priority to population matters as an integral part of the socio-economic development process.

2. The Dakar Declaration was also notable for the principles and objectives it espoused. It called on African Governments to work to reduce population growth in the region as a whole from 3.0 per cent in 1992 to 2.5 per cent by the year 2000 and 2 per cent by the year 2010, as well as to increase the contraceptive prevalence rate during the same period, from 10 per cent to 20 per cent by the year 2000 and to 40 per cent by 2010. It further called for an increase in life expectancy from 45 years to 55 years by the turn of the century and a decrease in maternal mortality by 50 per cent. The declaration also acknowledged the need, inter alia, to integrate population policies and programmes and family concerns into development strategies and plans; to create a socio-economic climate conducive to effective fertility policies and to sustain the political will needed to carry out these policies; to provide necessary facilities and resources so that couples and individuals can determine the size of their families; to adopt national policies and implement legal measures to improve the role, status and participation of women; to expand the role of non-governmental organizations (NGOs); and to establish and strengthen programmes to combat the spread of AIDS.

3. UNFPA organized two important events in conjunction with the conference -- the fourth meeting of UNFPA Country Directors in sub-Saharan Africa and a meeting of African NGOs. The UNFPA Country Directors discussed the downturn in UNFPA financial support to the region during the year and its impact on population activities in sub-Saharan Africa just at the time when the stage had been set to expand such activities. They also examined ways to make the Fund's Country Support Teams as effective as possible, looked at various means to facilitate the release of funds for project activities and to improve the monitoring of their use, and discussed how UNFPA might best respond to the AIDS pandemic in the region. On this last point, they stressed the crucial role that family planning played in protecting the health of mothers and children and in preventing perinatal transmission of HIV infection, and agreed that family planning delivery systems should be used to provide information and counselling on AIDS and to distribute condoms.

4. The UNFPA-sponsored meeting of 19 African NGOs from 14 countries explored the possibilities of expanding the use of NGOs in population activities in the region. Many of the recommendations that emerged from the discussions found expression in the Dakar Declaration, which stressed that NGOs should be strengthened and considered full partners by Governments in the implementation of population programmes and in contributing to the formulation of related policies. The declaration also said that they should promote community participation and involve communities in programme planning, implementation and financing. It further noted that NGOs should be involved in efforts to replicate successful innovative pilot programmes.

5. Country-level activities. The downturn in UNFPA financial support to population activities in the region during 1992 contributed to a loss of momentum in the implementation of important UNFPA activities in all but 10 of the 41 countries UNFPA supports in sub-Saharan Africa. This made it necessary not only to

scale down plans to expand activities but also to seek resources from other donors to cover projects that had already been developed. The overall impact of UNFPA assistance during the past two years is reviewed in part III of this report, which examines the progress made in the implementation of the UNFPA strategy for assistance in sub-Saharan Africa. It also contains a table showing UNFPA and multi-bilateral expenditures for the period 1986-1992.

6. Temporary disruptions brought about by the democratization process in some countries (Congo, Mali, Niger, Togo and Zaire) or by the threat or outbreak of civil war in others (Angola, Liberia) slowed or halted UNFPA activities in the region. Other countries, however, were able to expand activities (Burkina Faso, Ghana, Malawi, Mozambique), and Ethiopia rejoined the ranks of those countries ready and determined to address population problems.

7. The Governing Council approved a total of 16 UNFPA country programmes at its thirty-ninth session in May 1992: Benin, Botswana, Burundi, Cameroon, Gabon, Gambia, Guinea, Kenya, Lesotho, Malawi, Mozambique, Namibia, Nigeria, Senegal, Swaziland and the United Republic of Tanzania. All began activities in 1992 except Burundi, which is to commence in 1993. These programmes devote a greater proportion of regular resources (66 per cent) to maternal and child health and family planning (MCH/FP) and information, education and communication (IEC) activities than has been the case in the past. This reflects, among other things, the progress made in creating awareness among leadership groups and in developing appropriate infrastructure for implementing such activities.

8. To assist in the preparation of country programmes to be submitted to the Council in 1993, UNFPA conducted Programme Review and Strategy Development (PRSD) exercises in the Central African Republic, Ethiopia, Equatorial Guinea, Guinea-Bissau, Madagascar, Mali, Rwanda, Sao Tome and Principe and Uganda.

9. During 1992, Guinea, Niger, and the United Republic of Tanzania adopted formal population policies, bringing to 13 the number of countries that have done so. The other 10 are: Burkina Faso, Ghana, Kenya, Madagascar, Mali, Nigeria, Rwanda, Senegal, Sierra Leone and Zambia. Another 19 countries are at various stages of policy formulation, while at least 32 view their population growth rates as too high. The challenge in future, therefore, is to develop and implement action programmes to help countries identify and define policy objectives. To that end, several countries, including Ghana, Kenya, Malawi and Uganda, strengthened their government units responsible for planning and/or coordinating population activities.

10. MCH/FP programmes continued at varying degrees of intensity in all countries of the region, except in Liberia, where they were interrupted by civil strife, and in Equatorial Guinea, where family planning has not yet been introduced. The responses to a questionnaire recently sent to UNFPA field offices indicate a wide range in the percentage of government health facilities that offer family planning services, from a low of 1 per cent in Cote d'Ivoire to a high of 100 per cent in Mauritius, Seychelles and Swaziland. Such estimates are somewhat misleading, however, since they do not indicate the extent to which the services offered are either visible or truly accessible. As regards the proportion of the population estimated to have reasonably convenient access to family planning services (generally defined as living within a set distance from a place where services are at least occasionally offered), in only 12 countries did at least half the population have even theoretical access to such services (see table 3 in part III of this report). These were Botswana, Burundi, Comoros, Gambia, Lesotho, Mauritius, Namibia, Rwanda, Seychelles, Swaziland, Zambia and Zimbabwe. The most often cited obstacles to increasing the use of family planning were, in descending order, the lack of public information in support of family planning, opposition of cultural or religious groups, poor quality or inaccessibility of services and weak governmental support.

11. UNFPA supported a number of innovative approaches in IEC in 1992. In the United Republic of Tanzania, for example, a "radio soap opera" is being developed and tested. Episodes will incorporate messages

on family planning, maternal and child health, the status of women, and environmental concerns. In Ghana, the 31st December Women's Movement, a national grass-roots NGO, trained women community leaders in performing folk drama addressing such issues as family planning and the environment.

12. In the formal education sector, UNFPA continued to support efforts to integrate population and family life eduction into the curricula of primary and secondary schools. Most countries are still in the early stages of this process, however. Only Botswana, Seychelles and Zimbabwe have introduced population or family life education into more than 50 per cent of their primary schools: and only Botswana, Burkina Faso, Central African Republic, Gambia, Mauritius, Senegal, Sierra Leone and Zimbabwe have achieved similar levels of integration at the secondary level.

13. In order to increase awareness of population issues, augment the acceptance of family planning and address key concerns of major target groups, the UNFPA field offices stressed the need, inter alia, to develop national IEC strategies, set up IEC coordinating/planning bodies to implement the strategies, conduct research to obtain data to develop strategies and design appropriate messages, and train personnel. The field offices also recommended expanding the population coverage of all media, but attributed special promise to radio, youth organizations, extension and outreach workers, indigenous media, and adult education and literacy programmes.

14. As part of its ongoing efforts to improve the role and status of African women, UNFPA provided support for some 40 integrated women, population and development projects in 28 countries. The projects addressed women's reproductive and productive needs. Three UNFPA-assisted income-generating projects with family planning components were evaluated in Kenya and Ghana as part of a global evaluation of such projects. The results of the evaluation will serve as the basis for developing a strategy for UNFPA support to projects integrating income-generation and MCH/FP activities.

15. UNFPA supported national women's organizations in 29 of 31 countries in which such organizations were active in population activities and provided support to help strengthen government women's bureaus in 28 countries. The Fund also provided assistance to 23 countries to collect data specifically dealing with the status of women.

16. Regional programme. The Kenya Institute of Mass Communication in Nairobi was the site of the first UNFPA-supported regional training programme on information, education and communication. The Institute offered two courses on a pilot basis -- one on IEC strategy development, organization and management; the other on audience research and message design. UNFPA intends to expand this training programme for anglophone countries during 1993-1995 while developing a similar programme for francophone countries beginning in 1993.

17. In September, UNFPA hosted a meeting of experts to discuss the issues of quality, supply and demand in regional family planning training. Experts from training institutions in Africa, Europe and North America met with representatives from African Governments and donor agencies in order to define more clearly the role of and needs for regional training in MCH/FP and related IEC for sub-Saharan Africa. One of the aims was to identify ways to help rationalize donor assistance in this area. The meeting focused on short-term in-service regional training, which was defined as training lasting six months or less and targeted to multi-country audiences that usually share a language and are from the same region. The participants agreed that such training should focus on substantive issues, generally should not exceed three months and was most appropriate for those individuals who were in a position or have the influence to lead others and/or transmit the acquired attitudes, knowledge and skills to others. They also agreed that effective follow-up was an essential part of regional training. A report on the meeting was circulated in December.

18. In another important regional activity during 1992, a team of experts assessed the feasibility of transferring a centre or centres of the Fund's Global Programme of Training in Population and Development to training institutes in the Africa region. The team looked at a number of institutes to determine which of them would be best suited to take over programmes currently located in Louvain, Belgium, and in The Hague, the Netherlands. The mission was satisfied that there were advantages to be gained from transferring the programmes to institutes in developing countries. Such a transfer would help strengthen the training and research capacities of the selected institutes, enable trainees to study firsthand population and development issues that are relevant to their own countries and ensure greater involvement of local expertise in the Global Programme. The mission did note, however, that it might be difficult to find African institutes with the staff and facilities required to mount such training courses in the immediate future.

19. Considerable progress was made during the year in restructuring the UNFPA-supported regional training programmes in demography at the Institut de Formation et de Recherche Démographiques (IFORD) in Cameroon and the Regional Institute for Population Studies (RIPS) in Ghana. This included signing an agreement between UNFPA, the University of Yaoundé and the Government of Cameroon concerning incorporating IFORD into the University's system; adjusting staff salaries at the two institutes to make them comparable with those of similar institutes in the region; and revising and reorienting the institutes' academic and research programmes to take into account the special needs of the region.

20. Considerable progress was also made in the implementation of the UNFPA Country Support Teams (CSTs) in the region. The team in Dakar, for example, became fully functional in September. The teams in Addis Ababa and Harare initiated activities during the year and should become fully operational in 1993.

21. UNFPA signed two agreements during the year concerning the adoption, formulation and implementation of population policies and programmes. One was with the Organization for African Unity (OAU) to provide the framework for mutual collaboration in promoting the adoption and implementation of population policies among OAU member states. The other was with the African Development Bank (ADB) to provide assistance to ADB regional member countries to formulate and implement population policies and programmes and to integrate population factors into their development plans.

22. UNFPA and the World Bank held their annual consultations in October to exchange information and experiences and to coordinate programme activities. The two organizations agreed on the need, inter alia: (a) to adopt a common approach for analysing the demographic impact of AIDS; (b) to organize meetings between the UNFPA Country Support Teams and appropriate World Bank staff in their countries of assignment; (c) to pay more attention to the reproductive role of women and to promote family planning as one of the most effective vehicles for enhancing the socio-economic status of women; and (d) to promote the involvement of NGOs in the implementation of population and family planning programmes.

23. Two main initiatives were undertaken in the area of women, population and development. One was to reorient the support provided to the Centre for Development and Population Activities (CEDPA), based in Washington, D.C., to enable it to strengthen the capacity of African NGOs to deliver family planning services to hard-to-reach communities. The aim is to organize workshops to help strengthen the programme management and institution-building skills of women leaders of African NGOs through management training. The reoriented training workshops will include sessions on gender issues, leadership development, organizational effectiveness, project design and implementation, resource management, and gender and development. The sessions will focus on, among other things, identifying barriers to women's participation in population and development activities, developing strategies to address gender issues in the development process, and developing health and family planning programmes for women.

24. The second initiative was to revise the UNFPA Plan of Action for Gender, Population and Development, which is an integral part of the Fund's strategy for assistance in sub-Saharan Africa. The Plan of Action focuses on means to promote the further integration of gender issues into the main areas of UNFPA assistance. It also seeks to help improve the status of women by promoting their access to resources and opportunities, especially education and training. It takes into account emerging issues and the priority and special concerns of the region, as well as African traditional institutions and cultural values and aspirations. The overall objective of the Plan of Action is to help Governments and national NGOs to formulate and implement population and development plans, policies and programmes that not only reflect the needs and concerns of women and enhance their access to resources and opportunities, but also take gender issues fully and seriously into account, in particular as they are relevant to the achievement of national economic and demographic goals.

Arab States and Europe

1. Arab States

25. The population of the Arab countries is growing at an annual rate of 2.8 per cent. It is expected to reach 290 million by the year 2000, an increase of about 50 million from 1992. Fertility is declining steadily, but at a moderate rate, from 6 children per woman in the 1980s to 5.2 in 1992. It is expected to reach 4.2 by the year 2000. The reason for the decline is increased demand for modern and long-lasting contraceptives. Indeed, data from demographic and health surveys show marked increases in contraceptive use throughout the region. Eight countries have contraceptive prevalence rates of 32 per cent or higher. These are Algeria, Bahrain, Egypt, Jordan, Kuwait, Morocco, Qatar, and Tunisia. Three of the eight have rates of 50 per cent or higher: Bahrain, Egypt and Tunisia.

26. Fertility and contraceptive prevalence rates differ markedly between rural and urban populations. Rural populations tend to marry younger, have children earlier and get pregnant more often. Improving people's access to family planning services, particularly in rural areas, is thus a primary objective of population programmes in most Arab countries. Egypt, Jordan, Morocco, the Syrian Arab Republic, Tunisia and Yemen have set targets for contraceptive use and service delivery and have developed activities accordingly. Algeria, Egypt, and Tunisia are striving to become self-sufficient in the production of contraceptives, in particular of IUDs and pills. Yemen ratified a National Strategy for the Year 2000, along with a Population Plan of Action. Jordan is in the process of formulating a National Plan of Action to the year 2005.

27. During the year, UNFPA fielded technical missions to Egypt, Jordan, Morocco, Sudan, Tunisia and Yemen to help with programme formulation. The missions emphasized that MCH/FP programmes should be based on socio-cultural research; combine family planning, maternal and child health, Safe Motherhood, and information and communication activities; and make greater use of women community leaders.

28. Overall, allocations to the Arab States region during 1992 totalled $12.1 million, with MCH/FP and IEC accounting for some 60 per cent of the total. The following highlights of activities in individual countries and at the regional level give some insight as to how this assistance was used.

29. The persistence of high population growth in Algeria led the Government to establish an intersectoral committee to prepare a population policy as part of an action plan to moderate population growth within the context of socio-economic development. Such a policy was needed because social services had not been able to keep pace with the growing needs of the population, particularly in the areas of health, education, water and sanitation, nutrition and housing. During the year, government and UNFPA officials met several times to formulate a project to produce oral contraceptives locally. The aim is to make Algeria self-reliant in the production of contraceptives. Other UNFPA-supported activities seek, inter alia, to improve the quality of

MCH/FP services, provide postgraduate training in population and development at the National Institute for Planning and Statistics, strengthen the training and research capacity of the Institute for Demography at the University of Oran and strengthen the Social Communication Unit of the National Public Health Institute.

30. As part of the efforts to strengthen MCH/FP services throughout Djibouti, UNFPA worked closely with the Government to formulate a project whose primary aim is to train MCH/FP service providers in family planning techniques and counselling. The project, which is based on the findings and recommendations of a sectoral review undertaken in May 1991, will also be used to provide modern contraceptive supplies.

31. Contraceptive prevalence among married women of reproductive age reached 50 per cent in Egypt during 1992, according to estimates of the National Population Council. This marked the continued success of the family planning programme, which contributed to a nearly 70 per cent rise in contraceptive use since 1984. Such use is expected to increase further as a result of projects designed to help build an IUD factory in Egypt and to formulate a comprehensive IEC programme aimed at youth, the organized sector and local religious leaders. UNFPA worked closely with the Central Agency for Public Mobilization and Statistics (CAPMAS) in designing projects to improve the vital statistics system, train regional and local staff in analysing population data, and produce demographic projections. Most of the projects formulated in 1992 are to be executed by national organizations.

32. Following a national conference on Population and Basic Needs for 1991-2005, held in Amman in September, the Government of Jordan embarked upon a comprehensive and vigorous population programme for 1992-1996. This was accompanied by efforts to strengthen the National Population Commission, which was enlarged to include national NGOs active in the population field. The Commission will be responsible for formulating the national population policy and the population plan of action to the year 2005. A High Commission for Women was established by Royal Decree and is headed by H.R.H. Princess Basma. The Government further demonstrated the high importance it attaches to population issues when it offered to host the UNFPA Country Support Team in Amman and provide it with complimentary premises. It also generously increased its voluntary contribution to UNFPA by 126 per cent.

33. The Government of Lebanon submitted a proposal to UNFPA for a socio-economic and demographic survey to obtain information needed for the reconstruction of the country. The survey would make use of a household sampling frame in order to collect data on, among other things, the size, composition, structure and distribution of the country's population.

34. In Morocco, the Ministry of Public Health and UNFPA intensified their efforts to implement the recommendations of the Maghreb Safe Motherhood Conference, which was held in Marrakesh in October 1991. The Government convened a three-day national consultation among health professionals to formulate strategies for MCH/FP services and related information and communication activities. NGOs and donor agencies also participated. As a result, the Ministry of Public Health developed two proposals for UNFPA assistance -- one to improve MCH/FP service delivery and communications on Safe Motherhood, the other to strengthen the national capacity to collect and analyse health and MCH/FP statistics. It also helped to develop a training programme in MCH/FP for midwives. UNFPA and the Ministry of Education developed three new population education projects: one to integrate population education into the pre-service training of primary- and secondary-school teachers; one to produce self-training modules for teachers; a third to help integrate population education into extracurricular activities in the secondary cycle of primary education.

35. Preparations for the first housing and population census in Oman progressed according to schedule during 1992. The enumeration, which was supported by Royal Decree, is planned for November 1993. The Ministry of Health met with UNFPA to discuss making use of the results of the Gulf Health Survey to launch

a programme to improve the health of mothers and children. The programme would include family planning services and be based on the Safe Motherhood approach.

36. In the Sudan, the two-year interim country programme approved by the Governing Council in May 1992 took shape, as six new projects got under way during the year, including one to strengthen MCH/FP facilities and services in Eastern Province and another to conduct the 1993 population census. The six projects account for 70 per cent of total country programme resources. The very successful celebration of World Population Day on 11 July was among the highlights of the year. It contributed greatly to the increasing attention being given to population issues by the country's senior officials and development specialists. This increased awareness led to the establishment of a technical committee that will examine the country's population policy. It will also prepare the country report for the 1994 International Conference on Population and Development.

37. Family planning efforts improved markedly in the Syrian Arab Republic during the year. The Government strengthened family planning information and communications activities, provided training for service providers in contraceptive techniques and improved the storage, supply and distribution of contraceptives. It also approved the use of contraceptive injectables and implants, and arranged for the requisite training at medical schools of Syrian universities, in collaboration with the Ministry of Health. The Prime Minister requested that the State Planning Commission initiate, with the assistance of UNFPA, the necessary activities to formulate a national population policy.

38. Tunisia continued to formulate and implement activities aimed at narrowing the gap in contraceptive prevalence rates between rural and urban areas and at further improving the quality of family planning services and MCH/FP management information systems. UNFPA assisted in the procurement of contraceptive needs in 1992 and has approved funds to meet the country's requirements in 1993. Donors expressed little interest in providing assistance for this purpose through multi-bilateral arrangements. UNFPA continued to provide assistance to help institutionalize population education in the primary level of education and in the pre-service teachers' training programme.

39. The most significant development in Yemen was the ratification of the National Population Strategy and accompanying plan of action to the year 2000. The aim is to improve and expand MCH/FP services nationwide and to steadily increase the contraceptive prevalence rate from its 1992 level of 6 per cent of women of reproductive age to over 30 per cent by the year 2000. As a first step in implementing the strategy and plan of action, the Government has requested donor assistance in developing comprehensive programmes in the areas of MCH/FP, IEC, and women, population and development. UNFPA is to be instrumental in helping to coordinate these efforts.

40. At the request of national NGOs active in the area of maternal and child health care in the West Bank and Gaza, UNFPA approved two projects to provide MCH/FP services to the Palestinian people, through the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA).

41. Regional programme. A major regional activity in 1992 was the analysis of the wealth of data that had been collected during the first phases of the two jointly funded surveys in the region -- The Pan-Arab Project for Child Development (PAPCHILD) and the Gulf Health Survey -- both of which ended in 1991. The aim of this analysis is to use the information gained to develop and improve MCH/FP policies and programmes throughout the region. Phase I of the PAPCHILD project provided detailed socio-economic, demographic and health data for Algeria, Egypt, Mauritania, Sudan, the Syrian Arab Republic and Yemen. Phase II, scheduled to begin in 1993, will cover eight other Arab countries -- Djibouti, Jordan, Lebanon, Libyan Arab Jamahiriya, Morocco, Somalia, Syrian Arab Republic and Tunisia.

42. The Economic and Social Commission for Western Asia (ESCWA), in collaboration with the League of Arab States and UNFPA, undertook the preparatory activities for the Arab Population Conference, which is to meet in Amman, Jordan, in April 1993. The conference, which is part of the preparatory process of the 1994 International Conference on Population and Development, will address pertinent population issues within the social, economic and cultural context of the Arab States, including population growth and distribution; family health and family planning; women, population and development; and internal and international migration, among others.

43. The UNFPA Country Support Team based in Amman became operational in the last quarter of 1992 (see document DP/1993/32 for a detailed progress report on the implementation of the teams). The team leader arrived in Amman in July and officially assumed his duties in October. He established and furnished an office and prepared a comprehensive work plan for 1993. A four-member team, consisting of three specialists on population education and communication and one on data processing, carried out 16 backstopping missions to six Arab countries during its three months of operations. The team leader adjudged the missions a success, noting that the team was efficient in its work, confined its backstopping efforts to technical aspects and worked closely with the UNFPA field office in each country. When fully operational, the team will have 17 members and provide technical backstopping for a wide range of activities.

2. European region and the CIS/Baltic States

44. UNFPA assistance to the European region continued to focus on efforts to reduce the high incidence of abortion and the relatively high rates of infant and maternal mortality. Overall, allocations to the region during 1992 totalled some $4 million, approximately a quarter of which was earmarked for activities in Albania.

45. Albania celebrated its first National Family Planning Day on 27 June 1992 with a one-day workshop for 200 health providers. UNFPA continued to provide modern contraceptives to Albania, along with the necessary training for medical staff in their use. In addition, the analysis, dissemination and use of census data proceeded with UNFPA support. The Fund also continued to provide support to the Population Studies Unit that had been established at Tirana University in 1991.

46. A UNFPA project-formulation mission visited Bulgaria in June and prepared a major family planning project for funding consideration by the donor community. An international seminar on the latest technology for statistical applications was held in Hungary as one of the activities in a UNFPA-supported project to develop population databases. Romania undertook its first full census in many years. The tabulation and analysis of the data are proceeding as planned.

47. A UNFPA programme review mission visited Turkey in November. The mission recommended extending the current country programme for another two years (1993-1994) and fielding a PRSD mission in 1993. The mission also recommended expanding the coverage of the MCH/FP programme to the overnight communities around the major cities where migrants live. It further recommended that contraceptive implants and injectables should be introduced into the country's contraceptive mix and that women community leaders should be used to provide information on MCH/FP services, distribute contraceptives and create awareness on AIDS and related issues. The mission stressed that national NGOs had the capacity to complement government efforts to increase the use of modern contraceptives.

48. Activities were suspended in the former Yugoslavia, and the UNFPA Representative there was temporarily relocated to Vienna.

49. UNFPA participated in the United Nations Joint Collaborative Mission to the Newly Independent States (NIS) which took place from 16 February to 2 March. The mission found the need for assistance in

family planning to be greatest in the Central Asian Republics, wherein the Ministries of Health of each Government appealed to the international donor community for assistance through the Tashkent Appeal Partnership. The joint mission called for immediate emergency and humanitarian assistance in family planning and a full assessment of the needs of these countries.

50. As a follow-up to the Joint Collaborative Mission, UNFPA organized two needs assessment missions, which were funded by Germany under a trust fund arrangement. One mission visited the Baltic States of Estonia, Latvia and Lithuania from 2 to 17 November; and the other visited the Central Asian Republics of Kazakhstan, Kyrgyzstan, Turkmenistan and Uzbekistan from 26 October to 25 November. In addition, UNFPA provided emergency supplies of contraceptives to the Central Asian Republics under the same German trust fund arrangement. The missions identified priority strategies and needs in the areas of family planning and IEC amounting to $2.5 million in the three Baltic States for three years and $23.2 million in the four Central Asian Republics for four years. The draft reports of these missions are expected to be finalized in March 1993 and will be shared with the international donor community in order to mobilize resources for these countries.

51. Regional programme. In 1992, the regional programme began a new four-year cycle. UNFPA continued its support to "Entre Nous", the quarterly magazine for European family planning workers published by the Sexuality and Family Planning Unit of the WHO Regional Office for Europe. The Fund also supported, in cooperation with the Population Activities Unit of the Economic Commission for Europe (ECE), three regional projects in the areas of ageing, migration and fertility surveys.

52. The WHO Regional Office for Europe again provided technical assistance to the countries of Central and Eastern Europe to help formulate, implement and monitor MCH/FP activities.

53. Preparatory meetings were held in relation to the Population Conference for Europe and North America, which was to take place in Geneva in March 1993. The conference, organized jointly by the Council of Europe, the ECE and UNFPA, was part of the preparatory process of the 1994 International Conference on Population and Development.

C. Asia and the Pacific

54. A major event in the region during the year was the Fourth Asia and Pacific Conference, a ministerial-level meeting held in Bali, Indonesia, in August. His Excellency, President Soeharto, inaugurated the conference, which was organized jointly by the Economic and Social Commission for Asia and the Pacific (ESCAP) and UNFPA. The conference adopted the Bali Declaration on Population and Sustainable Development, which calls on countries in the region to make a firm political and financial commitment to incorporate population and environmental concerns fully into all national efforts to achieve sustainable development. The declaration urges those countries with rapid population growth to reduce their fertility rates to 2.2 children per woman by 2010. It further calls on countries to reduce infant mortality to 40 per 1,000 during the same period and to cut maternal mortality by at least half in countries with high rates.

55. At its thirty-ninth session, the Governing Council approved new country programmes for Bhutan, Mongolia, Nepal, Papua New Guinea, Sri Lanka, Thailand and Viet Nam, as well as the subregional programme for the South Pacific. During 1992, UNFPA conducted a PRSD exercise in the Lao People's Democratic Republic, using its findings and recommendations in formulating the country programme the Fund is submitting to the Council this year for its consideration and approval.

56. UNFPA again allocated the largest proportion of its assistance to the region to MCH/FP activities, followed by IEC. During the year, the Fund placed special emphasis in a number of countries on improving the quality of life of the population in addition to reducing population growth. UNFPA therefore emphasized

Safe Motherhood in the new generation of MCH/FP activities in Bhutan and India, as well as in activities being developed in the Lao People's Democratic Republic and Papua New Guinea.

57. As a result of past UNFPA assistance, many countries in the region have achieved self-reliance or technical competence in the area of data collection and analysis. In 1992, UNFPA provided technical assistance to the census enumeration in a group of Pacific countries, including Nauru, Niue, Tokelau and Tuvalu, and supported efforts in China, Nepal and Viet Nam to analyse census data and disseminate the results. The Democratic Republic of Korea, Malaysia, Nepal and the Philippines succeeded in improving the research skills of staff in population units, institutions and universities through training and the upgrading of technology to process and analyse data. In India, UNFPA helped to develop a project to test new technologies to speed up data processing and analysis in the next decennial census, scheduled for the year 2001.

58. UNFPA continued to emphasize activities designed to improve the status of women, often through support to education programmes for women and girls, and to facilitate their participation in social and economic development, notably in Bangladesh, China, India and Mongolia. Moreover, the Fund supported several projects in China to establish income-generating activities for women in poor and remote rural areas and a fisheries project in the Philippines to provide training in micro-enterprise management and family welfare.

59. UNFPA initiated several projects during the year in the area of population and the environment. A project in the Philippines, for example, is promoting awareness on the need to moderate population growth and ensure the sustainable use and development of resources. Another, initiated in the South Pacific in collaboration with the South Pacific Regional Environmental Programme, seeks to incorporate population factors into environmental management activities. UNFPA also helped to organize a seminar in the Lao People's Democratic Republic to discuss the effects of population factors on socio-economic development and the environment.

60. During 1992, UNFPA engaged in activities to address two of the most serious new challenges facing the region in coming years, ageing and AIDS. The rapid demographic transition taking place in many countries in the region is accelerating the increase in the number of people aged 60 and over. As a result, by the year 2000, almost half of the world's 590 million elderly people will be living in the Asia and Pacific region. UNFPA supported research and pilot activities to help Governments develop strategies to take population ageing into account in development planning. In the area of AIDS prevention, UNFPA promoted the use of condoms in Thailand and supported mass information and education campaigns in the Philippines. Moreover, in the Maldives, Pakistan and Sri Lanka, among others, UNFPA provided assistance to incorporate AIDS education into population and family life education activities.

61. Programme coordination and collaboration between UNFPA and its multilateral and bilateral development partners reached unprecedented levels in the region in 1992. Periodic meetings to exchange information and programme plans have become commonplace in Bangladesh, India, Indonesia, Nepal, Pakistan, the South Pacific and Sri Lanka, among others. Moreover, UNFPA and the World Bank embarked on numerous joint monitoring, programme formulation and technical review missions, and collaborative activities between the two organizations are under way in Bangladesh and under consideration in China, Indonesia, the Islamic Republic of Iran, the Lao People's Democratic Republic, Nepal, Pakistan and Papua New Guinea. The Fund continued to participate actively in the work of the JCGP, in particular setting up inter-agency task groups in Nepal, Pakistan and the Philippines to develop an inter-agency approach for support to population activities.

62. The UNFPA-supported MCH/FP project in Afghanistan continued throughout the year in spite of the political and security problems there. The project, which seeks to reduce infant, child and maternal morbidity

and mortality, focuses on strengthening pre- and post-natal health care and services. In Bangladesh, UNFPA worked closely with the Government to identify the major areas of UNFPA assistance during the fourth five-year plan and to formulate programme activities accordingly. The Fund also completed a study on the feasibility of manufacturing condoms and IUDs locally, assisted the Government in organizing workshops for project directors and district officials to help improve their management skills, and collaborated with the World Bank in advising the Government on how to operate a fund to support multisectoral activities aimed at accelerating fertility decline. UNFPA entered into an agreement with the Government to assist it in procuring and delivering contraceptives and in executing the second phase of the management development unit project, both of which are being financed by the World Bank and its co-financiers in the context of the Fourth Population and Health Project.

63. In Bhutan, the second UNFPA country programme got under way, as the Fund continued to support efforts to develop the country's primary health infrastructure and services. Several new programme activities were developed during the year, including a Safe Motherhood project to cut maternal mortality in half, a programme to introduce population education into the school system, and a project to make use of various communication and information channels to support MCH/FP activities. Early in the year, UNFPA fielded a technical mission to Cambodia to assess the country's needs prior to the preparation of a UNFPA country programme, which will be developed once the newly elected Government assumes office in 1993. The mission found an urgent need to formulate and implement MCH/FP activities, to develop the national capacity to collect population data, and to strengthen the system of vital registration.

64. In China, nearly all of the UNFPA-assisted projects reached their peak level of implementation. The year's most noteworthy activity was the UNFPA-funded study on the health and demographic implications of the continued use of stainless-steel-ring IUDs and on the advantages and cost-effectiveness of converting to the exclusive use of the more reliable and much safer copper-T IUD. The study's findings prompted the State Family Planning Commission to decree that the stainless-steel-ring IUD would no longer be produced after 1992. Other successful activities included the completion of a comprehensive survey on the support system for the elderly in China and the implementation of several projects at the grass-roots level that focus on, inter alia, making use of IEC in support of family planning programmes, training family planning workers in interpersonal communications techniques, setting up income-generating activities for rural women in nine central and northwestern provinces and extending integrated MCH/FP services in 300 of China's poorest counties.

65. The implementation of the UNFPA programme in the Democratic People's Republic of Korea improved significantly in 1992, particularly as concerns preparations to conduct the first modern national census, the programme's top priority. Staff were trained, equipment purchased and the date of the actual enumeration set at 1 July 1993. UNFPA assistance also helped to expand and improve MCH/FP activities at Pyongyang Maternity Hospital; to initiate research on contraceptive technology through a visit of a group of international scientists; and to strengthen the technical capacity of the Population Centre to collect, process and analyse basic demographic and socio-economic data.

66. In India, the Government embarked on its eighth five-year development plan, which identifies controlling population growth as one of its six main objectives. During the year, within the context of its fourth country programme, UNFPA developed 14 new projects, 6 of which became operational. The 6 projects seek, among other things, to supply MCH/FP programmes with pills, IUDs and newer contraceptives; to strengthen IEC activities in support of family planning programmes; and to introduce new technologies to help process and analyse population data. The Fund also conducted mid-term evaluations of its MCH/FP area development projects in Himachal Pradesh and Rajasthan. While noting the many positive achievements of the projects, the evaluations did note problems with the quality and utilization of physical facilities and with the progress made in training.

67. In Indonesia, the Government adopted a population law to help meet the dual challenges of population growth and environmental degradation in the twenty-first century. During the year, UNFPA continued to strengthen and expand family planning services throughout the country, especially in the remote outer islands. The Fund also assisted the Government in providing quality counselling services in MCH/FP and in strengthening the capacity of local communities to tailor MCH/FP activities to meet their particular needs.

68. Population activities in the Islamic Republic of Iran made notable progress during the year as the Government doubled the resources allocated to family planning programmes at the national level and established a new Department of Population and Family Planning in the Ministry of Health and Medical Education. As part of its efforts to help strengthen the MCH/FP component of the Family Health Programme, UNFPA provided training to improve the managerial capabilities of national staff and helped establish and equip 20 new health houses to increase the coverage of MCH/FP services. The Fund also supplied various methods of modern contraception, including Norplant contraceptive implants.

69. In the Lao People's Democratic Republic, UNFPA assistance helped provide birth-spacing services in two health centres in the capital. It also enabled national staff to analyse data from a UNFPA-supported multi-round vital statistics survey, which will be useful in development planning. In Malaysia, the Fund continued to formulate projects for the fourth country programme, which was approved by the Governing Council in June 1991. UNFPA assistance to the Department of Statistics helped Department staff conduct an advance tabulation and a post-enumeration survey of the recent population census. UNFPA-supported training in various aspects of MCH/FP and basic health care proceeded according to plan. UNFPA assistance in the areas of MCH/FP and population education continued in the Maldives, as the Fund provided contraceptives and counselling in support of child-spacing activities. The UNFPA-assisted Family Health Advisory Centre produced and distributed pamphlets, posters and other population information and education materials.

70. Mongolia began its first UNFPA country programme in 1992, initiating a project to collect and analyse demographic data for use in integrating population factors into development planning and another to establish a population teaching and research department at Mongolian State University. The Fund also provided a substantial amount of contraceptives and medical equipment for maternity homes and is currently assisting the Government in preparing a $3 million MCH/FP project that seeks, inter alia, to reduce maternal mortality by 50 per cent. One of the most notable achievements in Myanmar during the year was the completion of a baseline survey on birth-spacing practices and the availability of contraceptives. The survey, conducted in 20 townships, revealed a contraceptive prevalence rate of 25 per cent among married women of reproductive age and a considerable unmet demand for family planning services.

71. The third UNFPA country programme for Nepal ended its first year with a number of notable achievements. UNFPA assistance helped, inter alia, to construct two regional health training centres and lay the groundwork for a third; carry out an in-depth study on contraceptive requirements and logistics management needs; and complete a fertility, family planning and health status survey. Moreover, UNFPA and the Finnish International Development Agency (FINNIDA) concluded an agreement whereby UNFPA will make use of FINNIDA's contribution to the country's health programme to assist the Government in procuring Norplant contraceptive implants.

72. In Pakistan, 1992 was a bridging year between UNFPA's fourth and fifth programme cycles. In collaboration with interested donors and NGOs, UNFPA fielded a mission to Pakistan to assess its contraceptive requirements over the next 10 years. The Fund also helped the Government to prepare a background paper for a donors meeting on population welfare, which was held in November in Islamabad. UNFPA provided emergency supplies of IUDs and Norplant implants to help offset a shortage of contraceptives, extended technical and financial support to the Population Census Organization to prepare for the national population census rescheduled for 1993, and initiated a pilot project in Punjab province to train

selected women to provide family planning services and counselling in their own homes as well as in the homes of women in other villages.

73. MCH/FP was again the major focus of UNFPA assistance to the Philippines, accounting for some 76 per cent of total programme expenditures during the year. Such assistance helped train over 1,400 clinical personnel in family planning and Safe Motherhood as well as 164 health personnel in interpersonal communications. Some 16 doctors, midwives and nurses attended a course on voluntary surgical contraception, and 32 outreach workers received training in helping prospective contraceptive users to make an informed choice from among the wide range of available family planning methods. UNFPA also sought to expand people's access to quality family planning services and information by strengthening the technical capacity of NGOs active in family planning activities.

74. The Governing Council's approval last year of the Fund's first subregional programme for the South Pacific coincided with a changed political climate in the region, most significantly in Fiji and the Solomon Islands, where there has developed a positive attitude towards strengthening population programmes. Among the projects formulated under the programme during the year, two are particularly notable. One seeks to enhance the IEC capabilities in the Pacific region, in collaboration with the South Pacific Commission. The other focuses on the critical linkages between population and the environment.

75. The first UNFPA country programme in Papua New Guinea proceeded apace as the respective government ministries formulated most of the programme's activities with the assistance of UNFPA. The Fund continued to support several ongoing activities, including a rapid evaluation exercise of such areas as MCH/FP service networks, human resources and logistics. UNFPA provided assistance to the Papua New Guinea Family Planning Association to promote IEC activities and to train traditional birth attendants (TBAs), and supported a confederation of NGOs to promote population awareness activities in all provinces throughout the country.

76. The Republic of Korea again demonstrated its commitment to sharing the experiences of its successful family planning programme, assuming a portion of the domestic costs for an international training workshop, which was conducted by the Planned Parenthood Federation of Korea (PPFK) and attended by 21 women leaders from 11 countries in the region. The PPFK also conducted, with UNFPA support, some 3,000 sex-education classes for over a half a million secondary-school and college students. In spite of ongoing civil disturbances in one-third of the island, population continued to be recognized as an important issue in Sri Lanka. UNFPA successfully implemented the first phase of its strategy to help the Government gradually establish a self-sustaining family planning programme. On the one hand, it provided a substantial amount of funds for contraceptive supplies. On the other hand, it concluded an agreement with the Government to procure contraceptives on a declining scale over the next five years.

77. In Thailand, a series of UNFPA-sponsored workshops brought together various government departments and NGOs to develop innovative strategies to address the most pressing population challenges facing the country. The workshops identified four main challenges in the area of MCH/FP: to ensure high quality reproductive health care; to promote self-reliance in formulating and implementing family planning programmes; to integrate AIDS prevention into family planning activities; and to reach under-served groups with MCH/FP services. The UNFPA-supported condom factory in Viet Nam passed an important milestone during the year as it met WHO's specifications for quality and efficiency. UNFPA further enhanced the country's contraceptive outlook when it approved a new project to ensure an adequate supply of contraceptives and improve the method mix over the current four-year programme cycle. In addition, the General Statistical Office made significant progress in its efforts to establish a census database.

78. Regional programme. Under the regional programme, ESCAP continued to help countries build up their national population information (POPIN) networks. By the end of the year, the Asia-Pacific POPIN

system included more than 200 information centres and libraries, and national POPIN networks in China, India, Indonesia, Malaysia, the Philippines, the Republic of Korea and Thailand were essentially self-sufficient.

79. The first phase of a UNFPA-supported ESCAP project focusing on the role of women in population change and development got under way as a group of experts met in Bangkok to discuss the project's concept and design. The group agreed that the next phase of the project should be to produce a computer-based simulation model to provide insights into the interlinkages between the three elements. ESCAP also organized two other expert group meetings -- one to develop a study design to undertake case studies of migration and urbanization in selected countries in the region; the other to identify major issues of population ageing, in conjunction with the first Global Conference of the International Federation of Aging. ESCAP also helped prepare the methodology and strategy for country studies examining the interrelationship between population, the environment and poverty, which began to be carried out in India, Indonesia, Malaysia, Nepal and Papua New Guinea.

80. The UNFPA-supported regional clearing-house on Population Eduction and Communication, executed by UNESCO, provided training to 14 librarians, editors and computer experts and helped to develop national bibliographies on population education in China, the Maldives, Nepal, Pakistan and Viet Nam. The World Assembly of Youth organized, with UNFPA support, a regional workshop in Malaysia to inform and educate 35 national youth leaders about the importance of integrated population, environment and development programmes. The Fund also provided support to the Asia and Oceania Federation of Obstetrics and Gynaecology to conduct workshops on fertility management and maternal and child health care.

81. UNFPA provided support to the Japanese Organization for International Cooperation in Family Planning, Inc. (JOICFP) for three projects: one to help countries sustain community-based MCH/FP activities, with a special focus on women; another to develop, produce and distribute IEC materials aimed at improving women's health and their status in society; the third to promote awareness of and formulate policies on population ageing. The Fund also provided support to the International Planned Parenthood Federation (IPPF) for preparation of a training workshop for managers of adolescent reproductive health programmes in order to enhance the effectiveness of MCH/FP programmes aimed at youth.

82. Other NGOs receiving UNFPA assistance included the Asian Urban Information Centre of Kobe, to publish and distribute a newsletter on demographic and socio-economic issues in medium-sized cities; the University of North Carolina, to develop an Executive Masters of Public Health Programme for the Indian Institute of Health Management Research; CEDPA, to develop regional expertise to provide training and technical assistance to local NGOs and to strengthen the programme management and institution-building skills of NGO leaders through training; and the International Federation for Family Life Promotion, to conduct a workshop on natural family planning.

D. Latin America and the Caribbean

83. Despite dramatic drops in fertility rates during the past three decades, the population of Latin America and the Caribbean is projected to grow by some 81 million during the decade of the 1990s. Between 1992 and the year 2025, the population of the region will increase by over 53 per cent, from 457.7 million to over 700 million. The reason for such growth potential is the region's fairly young age-structure. Roughly 36 per cent of the population is under age 15 and the median age is 22 -- the same as the averages for the less developed countries of the world. Illegal abortion and adolescent pregnancy are among the region's most pressing population problems, especially among the poor. Both contribute to high rates of maternal mortality. Moreover, fertility rates remain high in Bolivia, Guatemala, Haiti, Honduras and Nicaragua, particularly among adolescents.

Strategy for UNFPA assistance in the region

84. In 1992, UNFPA devised a strategy to address these issues. It concentrates on improving women's reproductive health, with a major emphasis on reducing abortion and adolescent pregnancy and increasing contraceptive prevalence. It seeks to improve the quality of maternal health care and gives special consideration to efforts to widen the choice of available family planning methods and to provide effective counselling.

85. The strategy also focuses on developing and implementing comprehensive IEC strategies in each country. Even though the knowledge of population issues in the region has improved in recent years, there is still a great need to create awareness about the links between demographic changes and economic and social development, especially among policy makers and parliamentarians. The aim is twofold: to enhance the political support for population policies and programmes; and to bring about a more effective integration of population factors into development policies and plans at all levels.

86. Decentralization is an important component of the strategy and a means to improving programme effectiveness and enhancing community involvement. It enables local communities to identify the key population problems they face and to target programme activities to groups and areas most in need. Decentralization cannot be effective, however, unless it is accompanied by training in programme management, access to accurate demographic data disaggregated by subregion and gender, and a clear understanding of the socio-economic and cultural profiles of communities, each of which is accorded special attention in the strategy. The strategy also seeks to involve women in all stages of programme formulation and implementation, emphasizes the need to create awareness of women's role in and contribution to social and economic development, and stresses the need to strengthen national capacity to carry out gender analysis.

UNFPA programme in 1992

87. In 1992, UNFPA added a Country Director in Honduras and one in Nicaragua, bringing to eight the number of Country Directors in the region. The Fund also conducted PRSD exercises in Colombia, Guatemala and Nicaragua. All three missions indicated that the Governments concerned were aware of the impact of high population growth rates on the social and economic development of their respective countries and that high rates of maternal mortality and adolescent pregnancy were important issues that had to be addressed.

88. Maternal and child health and family planning. In 1992, the MCH/FP sector received approximately 44 per cent of UNFPA's allocations to the region. A total of 42 MCH/FP projects were operational during the year, most of which were executed by WHO/Pan American Health Organization (PAHO).

89. In line with its strategy, UNFPA-supported MCH/FP activities concentrated on improving women's reproductive health. The Fund therefore helped the countries in the region to develop activities to improve the quality of reproductive health care, provide effective counselling, enhance the delivery of family planning services and expand the mix of available family planning methods. Two important MCH/FP projects in Bolivia completed their cycles during the year. One helped to extend family planning services in 13 rural and marginal urban health districts; the other established family planning services in 10 referral hospitals. UNFPA also approved a project to provide MCH/FP services to meet the growing demand in the 30 poorest rural health districts in Bolivia. Colombia promoted the use of Norplant subdermal implants and trained doctors in its use. It also provided training in family planning techniques and counselling. A small project seeking to extend family planning services to some 29,000 women of reproductive age in the western and northern districts of Santo Domingo became operational in the Dominican Republic. The project also seeks to create greater awareness among both men and women regarding AIDS prevention.

90. In El Salvador, UNFPA worked closely with the Government, NGOs and local communities, within the context of national reconstruction, to formulate a project to strengthen reproductive health services and related education activities. An MCH/FP project being executed in eight provinces in Ecuador helped to train some 1,300 rural midwives and 2,000 community leaders in health education. The project also supplied health centres with contraceptives and equipment for midwives. In Jamaica, UNFPA supported the training of medical personnel and health promoters, and provided contraceptive supplies in collaboration with the World Bank. In Haiti, the Fund made use of NGOs to organize four workshops aimed at training young obstetricians and gynaecologists in family planning techniques. UNFPA also approved a project to develop and implement a community-based family planning programme for rural Andean women in Peru. The project will study the women's attitudes, behaviour and practices regarding family planning, including the use of various plants as contraceptives.

91. Adolescents were an important target for UNFPA assistance. For example, in Colombia, Costa Rica, the English-speaking Caribbean and Panama, UNFPA supported comprehensive reproductive health activities directed at adolescents in order to help reduce high adolescent pregnancy rates in these countries. The Fund also approved a reproductive health project in Ecuador to help adolescents avoid unwanted and high-risk pregnancies. The overall aim of the project, which combines information and education activities with reproductive health and family planning services, is to reduce maternal mortality and diminish the incidence of abortion. Most of UNFPA's support to a family planning project in Mexico went to train health promoters and medical personnel in providing family planning information and services to adolescents. The project also organized special courses for pharmacists on reproductive health.

92. The very high rate of abortion remained a priority concern of national health authorities in Cuba and a focus of UNFPA assistance there. During the year, the Fund approved four interrelated projects whose collective aim is to reduce the high rate of unwanted pregnancies that result in voluntary abortions. One project provides a wide variety of contraceptives; another offers training for family doctors and nurses in family planning service delivery; the third seeks to create awareness of the availability of such services through a communications campaign; the fourth supports socio-cultural research to determine why women choose abortion as a means of family planning.

93. Information, education and communication. During the year, UNFPA supported 45 IEC projects throughout the region, accounting for 13 per cent of its resources to the region in 1992.

94. The premier awareness-creation event in Latin America and the Caribbean during the year was the celebration on 11 July of World Population Day. Population issues were discussed on radio and television talk shows, featured in poster contests among school children and was the subject of seminars organized for women's groups and policy makers. The multimedia coverage helped to reinforce the impact of the Fund's regular IEC activities, which paid special attention to promoting awareness among policy makers, parliamentarians, economic planners, educators and the public at large about the interrelationship between population and economic and social development.

95. During the year, UNFPA supported numerous IEC activities to help prevent adolescent pregnancies. For example, UNFPA approved a training programme in sex education in five states in northeast Brazil. The programme, which will train some 520 professors of future public school teachers, seeks to reduce adolescent pregnancy and the incidence of STDs and AIDS. Another project, executed by an NGO founded by the Brazilian Council of Bishops, seeks to include counselling on birth spacing and breast-feeding as part of the IEC activities conducted by the vast network of community health agents, most of whom are women. The project, which provides assistance to produce educational videos, radio programmes and information bulletins, is the first joint initiative of UNFPA and the Catholic Church in Brazil.

96. The Fund also supported the Presidential Programme on Women, Youth and the Family in Colombia. The programme provides information, education and services related to family planning, responsible sexual behaviour, and AIDS and other sexually transmitted diseases. It has fostered collaboration between the Government and three national NGOs in the Atlantic and Pacific regions and promoted community participation. In the Dominican Republic, a project on sex education and family life trained some 880 sex education promoters, all of them students, in the basics of human sexuality, STDs and AIDS. These students returned to their schools and told their classmates what they had learned. In the English-speaking Caribbean, IEC activities addressing the concerns of adolescents and youth were incorporated into family planning and family life education projects.

97. UNFPA-supported population education activities focused on introducing this important topic into formal and non-formal educational systems. In Brazil, the Fund worked closely with UNESCO, UNICEF and UNDP to develop a mechanism to train some 18,000 teachers and social communicators to help fulfil the country's basic education needs concerning population and related issues. UNFPA approved a new UNESCO-executed project in Ecuador that will seek to incorporate population education into the school curricula at all levels and into teachers training. A population education project executed by the Archdiocese of San Salvador became operational in El Salvador during the year. Its aim is to develop materials and communications and training activities to help incorporate population education into a non-formal education programme. It is oriented towards families in general, but especially towards women in rural and marginal urban areas. A new project in Honduras started to develop activities aimed at the out-of-school sector. Two projects were developed in Mexico employing a gender analysis framework. One seeks to adapt adult education programmes to the needs of poor urban women. The other tailors population education to the needs of young couples about to be married.

98. Demographic analysis and population policy formulation. UNFPA allocated 21 per cent of its resources for the region to 24 projects in demographic analysis and 23 in the area of population and development.

99. UNFPA support enabled several countries in the Eastern Caribbean to implement population policies in 1992. These were St. Lucia, St. Vincent and the Grenadines and Grenada. It also helped organize two small training courses dealing with demography and planning in Brazil and strengthened the technical capacity of the National Department of Planning in Colombia to incorporate population factors into development planning at all levels. UNFPA approved a project in Ecuador to implement a national population policy and to disseminate data and research on population and development. The Fund also supported efforts to revise the population policy of El Salvador and provided assistance for training and research in demography and in population and development. In Honduras, UNFPA supported a project to incorporate population concerns into the municipal planning of San Pedro Sula.

100. The National Population Council (CONAPO) of Mexico, with UNFPA support, organized a three-day workshop on population growth and distribution in Mexico City and its impact on the environment. CONAPO made use of a UNFPA-financed computerized geostatistical information system during the year to plan and formulate population programmes and projects at all levels. The Fund also provided assistance for fellowships, research and training at the Colegio de Mexico and the Mexican Association on Population.

101. Data collection. UNFPA allocated 11 per cent of its resources to the region to 22 projects in this area. The Fund provided assistance to conduct censuses and census-related activities in Bolivia, the Dominican Republic, Ecuador, El Salvador, the English-speaking Caribbean, Guatemala, Nicaragua, Paraguay and Peru. In Venezuela, UNFPA supported efforts to analyse and evaluate 1990 census data, update mapping on poverty (in collaboration with UNDP), and conduct a census of indigenous populations.

102. The 1992 population and housing census of Bolivia, which was conducted with UNFPA support, is considered a landmark in the country's history. For the first time, the Government was able to use census data in social and economic development planning. UNFPA assistance was also instrumental in publishing the preliminary results of the 1990 census in the English-speaking Caribbean. The Fund provided consultants and equipment out of country-level census project budgets and technical advisory services out of a subregional project budget with the Caribbean Community (CARICOM). It also provided support to train nearly 600 national personnel in data processing in Antigua, Belize, the British Virgin Islands, Dominica, Grenada, Guyana, Montserrat, St. Kitts and Nevis, St. Lucia, St. Vincent and the Grenadines and Trinidad and Tobago.

103. UNFPA-assisted projects to develop information systems on displaced persons got under way in Guatemala and Nicaragua to help these two countries deal with internal and international migration. Another such information system was set up in El Salvador with the help of local NGOs.

104. Special programme. In all, 18 projects accounting for 4 per cent of UNFPA resources to the region were active during the year, most of them in the area of women, population and development. A project in Costa Rica directed at poor women provided training in reproductive health and in income-generating activities and promoted awareness of women's legal rights. UNFPA also supported a project in Barbados to study the impact of early child-bearing on the size of families and the incidence of female-headed households, and one in Jamaica to help adolescent mothers to return to school in order to raise their self-esteem.

105. An interesting research project got under way in Mexico to create awareness on the linkages between environmental problems, women's health (including reproductive health) and women's workload. The results of the study, which is being carried out in four indigenous and mestizo communities in the state of Chiapas, will be used to elaborate an education action plan. A project specially tailored for men in the Dominican Republic established 270 condom-distribution posts in such locations as barber shops, sports clubs and fire, police and armed-forces stations. The project also provided informal counselling for over 60,000 prospective contraceptive users as well as training in family planning techniques and AIDS prevention for 10 doctors.

106. Regional programme. The year marked the beginning of a new four-year cycle of the UNFPA regional programme for Latin America and the Caribbean. The Fund approved a large-scale programme for collaborative activities with the Latin American Demographic Centre (CELADE) and PAHO as well as projects with UNESCO and the ILO. Although UNFPA had hoped to increase its collaboration with NGOs under the regional programme, it was not able to do so because of financial constraints. Only JOICFP received substantial support under the programme, while a few other NGOs such as IPPF, the Latin American Population Program (PROLAP), CEDPA and the International Union of Scientific Study on Population (IUSSP) received small allocations.

107. The activities initiated under the new cycle differed from those of the previous cycle. Whereas in the past the bulk of UNFPA regional resources were earmarked for technical assistance, starting in 1992 such assistance was to be provided by the UNFPA Country Support Team (CST) based in Santiago, Chile. As a result, the regional programme provided assistance to carry out research, exchange information, create awareness, develop didactic materials, establish regional information networks, and promote technical cooperation among developing countries (TCDC), among other things. Insofar as the primary purpose of regional activities is to complement and supplement country-level activities, the regional programme paid particular attention to efforts to reduce adolescent pregnancies and maternal mortality.

108. Collaborative activities with CELADE, the largest recipient of the UNFPA regional programme in 1992, focus on data collection, demographic research, and population and development. Those with PAHO seek to improve the quality of reproductive health care for both adults and adolescents and of family planning services, reduce maternal mortality and enhance education in reproductive health care and family planning.

Those with UNESCO involve the production and dissemination of population education materials, including guidelines for in- and out-of-school training for educators and promoters. The programme with the ILO seeks to formulate population policies aimed at reducing poverty through interventions in the labour market.

E. Interregional programmes and projects

109. The interregional programme, approved by the Governing Council in 1991 in the amount of $111.6 million, began a new four-year cycle in 1992. Allocations for the year totalled approximately $20.1 million. MCH/FP activities received the largest share of programme resources, about $7.8 million, or 38.9 per cent of the total. This was followed by population policy formulation/population and development at $4.1 million, or 20.3 per cent, and IEC at $3.5 million, or 17.3 per cent. The remaining $4.7 million, or 23.4 per cent, went to the other areas of the UNFPA programme, including population dynamics, multisectoral activities, special programmes (e.g., ageing, youth, women, population and the environment) and data collection, among others. The interregional programme did not include support for technical advisory posts, as such posts were to be provided for under the Fund's Technical Support Services (TSS) arrangement approved by the Council in decision 91/37 (see document DP/1993/32).

110. During the year, UNFPA developed the projects that comprise the programme in collaboration with the United Nations and its various specialized agencies and organizations and with NGOs. The programme's MCH/FP activities again focused on contraceptive research. The primary aims remained the same as before: to widen the range and enhance the effectiveness of safe contraceptives; and to devise and/or update technical, managerial and service guidelines on contraceptive technologies. The bulk of this research was carried out by the WHO Special Programme of Research, Development and Research Training in Human Reproduction (WHO/HRP), the International Committee for Contraception Research, and The Population Council. The Fund also continued to participate actively in the WHO Global Programme on AIDS (GPA).

111. The interregional programme continued to provide specialized training in integrating population factors into the development process through the Global Programme of Training in Population and Development. The Global Programme undertook the necessary steps to add a new English-language training component at the Cairo Demographic Centre in Egypt, supplementing the programme's four other components in Belgium, Chile, India and the Netherlands.

112. Research on socio-cultural factors affecting demographic behaviour also received considerable attention in the interregional programme. The findings of such research will be used to facilitate population policy formulation and to enhance programme performance. They will also help countries to tailor IEC strategies to reach specific target groups and to enhance community participation.

1. Agency-executed projects and programmes

113. WHO. In 1992, UNFPA continued its support to the WHO interregional programme. Under a project designed to set standards for family planning and contraceptive technology, WHO developed technical and managerial guidelines for managers of MCH/FP programmes. The guidelines, which will be distributed in 1993, address such subjects as community-based distribution of contraceptives, oral contraceptives, contraceptive method mix, female sterilization, and prevention and management of infertility. Another project continued efforts to expand the database on the reproductive health and sexuality of adolescents and on current programmes and projects designed to meet their needs. WHO used the findings of 11 country studies to devise action plans in sub-Saharan Africa, and in three regions it initiated country-level surveys of MCH/FP services aimed at adolescents. It also provided support to 11 countries in various regions to develop policies and programmes addressing adolescent reproductive health.

114. During the year, WHO/HRP launched a special report on reproductive health which was acclaimed as the most comprehensive ever on the subject. Subtitled "A key to a brighter future", the report reviews two decades of progress in reproductive health, notes the current impediments to better reproductive health and highlights the challenges ahead. It examines the global impact of the HRP programme and concludes with a look at the development of new technologies, the introduction and management of contraceptives, and the social dimensions of reproductive health, among other topics. The report was co-sponsored by UNDP, UNFPA, WHO and the World Bank.

115. In 1992, WHO/HRP continued to conduct comparative trials of two copper IUDs in order to provide information on their safety and effectiveness up to and beyond 10 years of use. HRP completed the fourth year of a five-year multinational study in developing countries on the use of hormonal contraceptives and the risk of developing cardiovascular diseases. It also concluded an introductory trial of Cyclofem, a once-a-month injectable contraceptive, in three states in Mexico, continued to conduct similar trials in Chile, Indonesia, Jamaica, Thailand and Tunisia and paved the way for such trials in Brazil, Colombia and Peru. HRP helped to transfer the technology to manufacture Cyclofem to companies in Indonesia, Mexico and Thailand and provided support to validate the manufacturing procedures in Indonesia and Mexico through the Concept Foundation, an independent non-profit organization, and the Programme for Appropriate Technology in Health/Program for the Introduction and Adaptation of Contraceptive Technology (PATH/PIACT).

116. ILO. During the year, the ILO initiated two major activities under the interregional programme -- one to facilitate the integration of population factors into development planning; the other to extend and strengthen population and family welfare education in the work setting. Under the first activity, the ILO began efforts to develop conceptual, methodological and empirical approaches for collecting integrated statistics for use in planning. It also upgraded microcomputer-based training and planning software (including POPILO, the Lotus-based population and labour-force software package) and took initial steps in preparing guidelines covering the analysis of demographic and related socio-economic data. The second activity got under way as the ILO initiated efforts to include population elements in the curricula of various training institutes, including its own International Training Centre in Turin, and in the work programmes of employment federations and the strategies and activities of women's organizations. It also held a seminar in December to discuss the impact of teen-age pregnancy on employment opportunities for women.

117. The ILO issued a number of publications during the year, including a training monograph on population, labour force and employment (in English, French and Spanish); eight working papers covering a wide range of population issues; a brochure on International Labour Standards and ILO Population Programmes; and a training paper on Guidelines for Baseline Surveys and Impact Assessments, among others. It also continued to provide technical backstopping in a number of developing countries for activities related to population and family life education in the work setting.

118. United Nations. The Population Division started a new research project to study the health implications of sex discrimination in childhood. It prepared nationwide comparisons of sex differentials in child mortality and reviewed cultural and socio-economic determinants of excess female child mortality. The Population Division also began a study to examine the family building process in different countries. Its aim is to make family planning policies and programmes more responsive to the needs and aspirations of couples and individuals at different stages of family building. The study involves original analysis of data gathered in recent fertility surveys in a wide range of countries, as well as of studies examining the interrelationship between population growth and poverty and between population pressure and resources.

119. The Statistical Division organized an inter-agency working group to discuss how best to collect and use data to measure progress towards certain social goals. In assessing the minimum data requirements for measuring social progress, the working group came up with 28 statistical indicators and six indicators on the

situation of women as the minimum data requirement for achieving the adopted social goals. Moreover, the Division further developed statistical methods, such as rapid assessment techniques, and prepared related technical studies, manuals and guidelines to assist countries in efforts to measure and monitor progress towards social and human development goals.

120. UNFPA demonstrated its continuing commitment to improve statistics on women by providing funding for the United Nations Women's Indicators and Statistics Database for Microcomputers (WISTAT), the authoritative source of statistics on women worldwide. WISTAT covers nearly all countries and territories and most fields of social and related statistics and is the main source of statistics for reports prepared by the Commission on the Situation of Women and the Committee on the Elimination of Discrimination Against Women.

121. UNESCO. UNESCO and UNFPA continued to work closely on preparations for the International Congress on Population Education and Development, to be held in Istanbul, Turkey, in April 1993. The two organizations participated in an inter-agency planning meeting and helped produce a number of documents for the Congress, including the working and background documents and a technical paper on reconceptualizing population education. As part of its regular collaboration with UNFPA, UNESCO undertook a research study on socio-cultural factors affecting demographic behaviour and their implications for the formulation and execution of population policies and programmes. UNESCO also continued to provide technical backstopping during the year to UNFPA-supported population education activities in various regions.

122. FAO. In the new cycle of the interregional programme, FAO and UNFPA worked together to give the FAO-executed programme new direction and motivation. Both agencies agreed to build on past achievements and to address different sectors, e.g., fisheries and forestry, in population projects. For example, FAO initiated a pre-project activity to strengthen research and training in how population and development interact in rural fishing communities. It also initiated a training programme to help rural youth and farmers to make effective use of population education materials in their communities. FAO carried out pilot activities for leaders of rural youth in Ethiopia, including a six-day workshop to train selected youth leaders and extension workers in how to use the FAO leaders' guide on population education.

2. NGO-executed projects

123. In 1992, UNFPA continued to support activities conducted by numerous NGOs, including The Population Council, IPPF, JOICFP, CEDPA, Johns Hopkins University, Harvard Law School and IUSSP, among others.

124. IPPF. During the year, UNFPA contributed approximately $2 million to IPPF to support activities in all regions. The Fund also participated in IPPF's donors' meeting in 1992 and was an active participant in its Medical and Programme Committees.

125. IPPF interregional activities in the area of adolescent reproductive health heightened during the year in Colombia, Egypt, Jamaica, Senegal, Sierra Leone and Sri Lanka, as IPPF initiated a number of projects in each country. For the most part, such projects were executed by national youth organizations. The quarterly environmental supplement Earth Watch, a joint publication of IPPF, UNFPA and The World Conservation Union (IUCN), spawned a new publication named People & the Planet, which was launched at the Earth Summit in Rio de Janeiro. The first issue contained an overview article on the importance of population issues in the UNCED process as well as a summary of the official positions of leading institutions, agencies and organizations on the linkages between population and the environment. Subsequent issues carried articles on, inter alia, the impact of population growth on the environment in the Central American region; population and environment in Egypt; and environmental degradation and its impact on population growth.

126. The Population Council. As part of its information dissemination programme, The Population Council produced and distributed, with UNFPA support, four issues of the quarterly journal Population and Development Review and six issues of the bimonthly journal Studies in Family Planning. In all, over 27,000 copies of these journals were distributed to individual subscribers in developing countries during 1992.

127. The Population Council continued to provide technical assistance to develop and introduce new and innovative contraceptives in order to expand the choices available to prospective users. The Council conducted research on users' attitudes and preferences, produced IEC training materials, conducted pre-introduction trials of new contraceptives and developed plans to expand service delivery. It also initiated new projects to introduce Norplant subdermal implants in Burkina Faso and Mauritius. Physicians from Burkina Faso were trained in Rwanda in April, and services began to be provided in September immediately following an orientation and counselling workshop. The Population Council also sought to expand the coverage of Norplant in the United Republic of Tanzania and Zimbabwe. Follow up on similar projects continued in Bolivia, Cameroon, Jamaica and Viet Nam.

128. As part of a joint UNFPA/Population Council activity to monitor large-scale family planning programmes in the developing world, the Council sent a questionnaire to 103 developing countries. The responses are being analysed and tabulated, and the results will be made available on diskette in future. A second series of analytical studies conducted under the auspices of The Population Council were completed during the year and the main findings published in leading journals and presented at international forums. The series included research on such subjects as family planning and child survival programmes, contraceptive use and commodity costs in developing countries and management lessons from programme efforts. The Council continued to support clinical studies of Norplant II and of work on a contraceptive implant for men.

129. IUSSP. With UNFPA support, the International Union for the Scientific Study of Population organized a training workshop in Liege, Belgium, in November on the "Analysis of Data from 1990-1991 Censuses in French-speaking Africa. The workshop covered, inter alia, data evaluation techniques and computer software for projecting demographic trends. IUSSP established two new committees: the Committee on Historical Demography, and the Committee on South-North Migration, which held its first meeting in December. The Union carried out preparations for its forthcoming General Conference, to be held in Montreal, Canada, in August-September 1993, and prepared its contribution to the International Conference on Population and Development, to be held in Cairo, Egypt, in September 1994.

130. Academic and international institutions. In an effort to respond to the increasing need in developing countries for up-to-date information on population programmes, contraceptive methods, family planning services and maternal and child morbidity and mortality, etc., UNFPA concluded an agreement with the School of Public Health of Johns Hopkins University to convert the world's largest database on population information (POPLINE) into a Compact Disc-ROM format. The compact disc is extremely user-friendly and can be accessed by a relatively inexpensive hardware device that is compatible with most personal computers. POPLINE CD-ROM is currently being used by 216 organizations in 69 developing countries. In 1992, Harvard Law School published volume 16 of the Annual Review of Population Law, which reported on some 640 legal developments from 120 jurisdictions and seven international organizations and contained a number of important documents not readily available elsewhere.

131. The fourth and fifth sessions of the International Training Programme in Family Planning (Tunis) trained some 39 trainees from 16 developing countries. The courses were organized by the National Office for Family and Population , with the cooperation of the University of Tunis and the Centre for Research and Training of the Ministry of Health. The Université Libre de Bruxelles provided technical support. The training covered such topics as contraceptive techniques, patient care, management techniques, situation analysis,

programming and evaluation. This was supplemented by practical training, which was provided in various clinics and health centres in Tunis.

132. In October, fellows at the International Institute on Aging (INIA) in Malta began attending a nine-month post-graduate course in Gerontology and Geriatrics that the Institute organized in conjunction with the University of Malta. INIA also conducted short-term training courses in social gerontology (February), income security for the elderly in developing countries (May) and geriatrics (June). The Institute published seven country monographs on ageing (Australia, Canada, China, Finland, Guatemala, Hungary and Israel). Twelve more are about to be published.

133. With UNFPA assistance, the International Centre for Diarrhoeal Research, Bangladesh, continued its programme of demographic surveillance and initiated preparations for international training seminars and workshops for 1993 on such topics as improving the effectiveness of family planning programmes through operations research and collecting and applying longitudinal data. The International Institute for Vital Registration and Statistics (IIVRS) prepared a prototype manual on civil registration and vital statistics and published a number of technical papers on such topics as the measurement of childhood mortality and the completeness and reliability of birth and death notifications in Kuwait. IIVRS also monitored an international programme to accelerate the improvement of vital statistics and conducted a feasibility study to improve civil registration and vital statistics in the Philippines.

134. Other NGOs. During 1992, numerous NGOs carried out important activities under the UNFPA interregional programme. For example, JOICFP continued to promote integrated family planning and public health activities, with a special focus on technical cooperation among developing countries and the sharing of experiences. As part of its efforts to help grass-roots NGOs build up their capacity to support women, population and development activities, CEDPA field-tested a training manual on "Training in Project Design" and one on "Training of Trainers". Both manuals were designed for use in different cultural and geographic settings and include supplementary sections on various management and training topics. The Alan Guttmacher Institute produced the annual French and Spanish editions of International Family Planning Perspectives, a publication designed to help couples and individuals in developing countries to improve their reproductive health and exercise more effective control over their fertility. Both editions featured peer-reviewed articles on contraceptive services and use, women's health and family planning, and fertility transition. The French edition focused on issues in francophone Africa.

3. Other major projects

135. Global Programme of Training in Population and Development. During the year, the Programme trained some 75 middle-level professionals from 48 developing countries at its four sites (Belgium, Chile, India and the Netherlands). Nearly half the trainees were women. UNFPA approved a project document to establish a new component of the Programme at the Cairo Demographic Centre in Egypt. The actual course is due to start in October 1993. The Fund also initiated a series of activities during the year in connection with the transfer of the training components in Belgium and the Netherlands to training institutes in two African countries. Activities included fact-finding missions to potential countries and their relevant institutes to identify and assess which institutes would be best suited to host the training programmes. A brief summary of the findings of one of these missions of experts is provided in paragraph 18 above.

136. The four components of the Programme developed and maintained active working ties with one another during the year. For example, the various programmes exchanged teaching staff and teaching materials, worked together to consolidate texts, and attended international meetings together. Moreover, the Programme Directors met in Trivandrum, India, in April for their annual meeting to jointly review the experiences of the 1990-1991 academic year and to make plans for 1992-1993.